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 PSRS- 248-3 (07/2019)

POA Non-Durable Affidavit



Mail Center

PSERS Member's Name	Last Four Digits of SSN#
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I, _____, (Name of Agent) certify under penalty of perjury that _____ (Member), granted me authority as an agent pursuant to that certain power of attorney dated _____.

I further certify that to my knowledge:

- (1) The Member is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and therefore the Power of Attorney and my authority to act under the Power of Attorney have not terminated.
- (2) The Member is not incapacitated or disabled, which, if occurs, would terminate the Power of Attorney.

Agent's Signature	Date	Agent's Printed Name
Agent's Address		Agent's Phone Number

Section to be completed by the Notary		
State of _____ County of _____ On this, the _____ day of _____, 20____, before me, a Notary Public, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within Affidavit, and in due form of law acknowledged that s/he executed the same for the purposes therein contained. IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.	Seal	
Notary's Signature	Notary's Printed Name	Commission Expires